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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module's learning objectives address: (1) the uncertainty in parenting; (2) a range of options for parenting challenging children; (3) the use of complex resource arrangements to meet the multiple needs of challenging children; and (4) the problems of parenting abused children. The module consists of three lectures with accompanying exercises dealing with specific cases. Lecture 1 deals with basic information on challenging children and suggestions for helping them become involved in a healthy family life. Lecture 2 focuses on the parenting of abused children. Lecture 3 concerns the parenting of multiply challenged youth, that is, youth with combinations of physical and emotional handicaps. A seven-page evaluation form for evaluating the module is included. (SAK)

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FOSTERING FAMILIES

Parenting the Challenging Child

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Designed in Consultation with the Colorado Department of Social Services
Under Grant Number C950405

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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

PARENTING THE CHALLENGING CHILD

Mona Struhsaker Schatz, D.S.W.
Project Director
Module Author

Designed in consultation with
The Colorado Department of Social Services
Under Grant No. C 951209

2/91

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FOSTERING FAMILIES

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed 3 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered, in specific levels, as upper-division college classwork in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

About the Author

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FOSTERING FAMILIES

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FOSTERING FAMILIES

INTRODUCTION

PARENTING THE CHALLENGING CHILD is an invitation for foster parents and caseworkers to consider the realities that generally face foster parents -- namely, that the children in foster care come with bruises, disabilities that are often permanent, families sometimes openly rejecting the very children they presumably love, and extensive emotional confusion worn by almost all of these children.

The FOSTERING FAMILIES project has previously developed two modules on parenting in foster care. PSYCHOLOGICAL PARENTING: THE FOSTER CARE PROCESS examines the shared parenting authority that exists in the foster care process and also offers training participants the opportunity to explore basic parenting tasks from birth to 18 years old. GOOD DISCIPLINE AND HANDLING MISBEHAVIOR was designed so trainees would be able to work with a basic set of disciplining rules that have been generally accepted among parenting experts.

This module builds on the ideas of these parenting modules and now provides participants a chance to consider three special children. All these children challenge our general parenting experiences. From our training work, we have become acutely aware that the foster children in placement are often children with multiple problems. We are moved to be parents and advocates for the diverse needs of these children. Each child in our work today is quite different and allows the training group the opportunity to cover a large amount of material in the three hours available.

To provide an interactive training experience, this module uses extensive small groups. In the small groups, training participants examine three very unique foster care family situations.

The lecturette material gives some insights and information that when read as a follow up to the training will enhance the training experience.

FOSTERING FAMILIES

GLOSSARY OF KEY TERMS

challenging children	this phrase expresses the feelings parents experience when parenting a child(ren) who has multiple needs and wants and generally is unable to appropriately express these needs and wants in age-appropriate ways
discipline	the methods adults use to guide and train children and adolescents to meet the standards that satisfy both the child's needs and those of others
family rules	the underlying guidelines for behavior in the family that govern the actions of family members; family rules may be considered human or inhuman, up-to-date or out-of-date, covert or overt
punishment	the use of force or coercion to pay for a wrong-doing; injure or hurt, subject to loss of freedom; employed when discipline fails and has to be handled with great skill and care to be of any value in guiding a child

FOSTERING FAMILIES

LEARNING OBJECTIVES

1. Participants will explore three specific foster care cases to gain a stronger understanding of the uncertainty in parenting.

2. Through group problem-solving, participants will consider a range of options for parenting challenging children.

3. Participants will explore the use of complex resource arrangements to meet the multiple needs of challenging children.

4. Through a particular foster care case, participants will explore the problems of parenting abused children and identify three basic principles toward helping in this challenging parenting situation.

FOSTERING FAMILIES

PARENTING: SOME BASICS

LECTURETTE #1

Many of the children entering foster care bring a wide variety of behaviors, feelings, needs and wants to the foster home. Foster children enter a foster home often quite traumatized by the loss they are experiencing. In some cases, foster children have emotional, social, physical and psychological problems which require more than "ordinary" parenting.

Probably the most basic ingredient that foster parents bring to their special parenting situation is their basic belief that they are good people and good parents. The persistence and patience of foster parents is more than admirable. These two qualities are prime ingredients in sustaining personal appreciation for the fostering process.

Children entering foster care are often unable to express adequately their feelings and emotions. These children may have had parents as models in their birth home who did not demonstrate effective ways to express one's feelings in ways that are safe and in a state of internal control. When entering foster care situations, these children likely need the foster parent's help to label feelings, knowing what feelings do for a person, etc.

<u>Group & Individual Activity:</u>

The following two questions begin to review key ideas on parenting.

a) What makes some children challenging for the parent?

b) Brainstorm some effective basic parenting skills.

Foster children, such as Jack in the first exercise, have various lags in their growth as well as low self-esteem. Jack may not have any major psychological problems at his present point in life. How can foster parents facilitate the kinds of experiences that will move Jack along? How much should foster parents push children like Jack and for how long?

Both these questions are difficult to assess entirely from the information in this exercise. We might consider though that Jack needs opportunities for learning -- perhaps through exposure to all kinds of experiences in the community. We can consider that within his developmental period there is much interest in going and doing those things that give children new ideas, generate lots of questions, and basically give children information "to grow on."

Using social groups such as Boy Scouts, Girl Scouts, Big Brothers, Big Sisters, 4-H, and team sports give all children much exposure within a safe environment. Foster children can enjoy these group experiences as well if the foster child feels ready for such an experience. Some foster children may need these kinds of experiences yet not be developmentally ready for such activities. So, one of the very important tasks that foster parents have to assess, hopefully with the caseworker, is "What is the **developmental age** of the foster child?" Considering this, the next questions that we might pose are: Is this child emotionally, physically and socially acting like other children in his/her age range? Is my foster child older or younger and by how much?

Parenting is best described as the relationship process of nurturing/loving, teaching, structuring/disciplining and otherwise fulfilling the daily physical, emotional and safety needs of a child. Foster parents are expected to replicate this process with child after child regardless of the child's responsiveness and gratitude. Within the concept of a family, parents have a lot do to achieve effective parenting.

Some of the principles which bring about effective parenting include:

*accepting the role of parent and not giving this role to children

*creating healthy structures for children to mature within

*making the young child's world safe; and, as the child grows, parents must teach children how to achieve self-safety

*parents meeting their own needs so that children learn that it is okay to meet their needs

*modeling the values parents want children to adopt--values such as respect, dignity to others, caring, giving, receiving, honesty, spirituality and democracy

*being flexible, changeable over time, and, teaching children how to cope with change in their lives

*making rules, being consistent in applying those rules, and being willing and comfortable negotiating or modifying rules when rules become out-of-date, inhuman, or otherwise unhealthy for a child's development

*believing--believing in our children, their abilities, their hopes and dreams, and their future, no matter what the constraints (challenges) given to a child

There are other ingredients to a parenting process yet these parenting principles only begin to illustrate how much is involved. Tools that help in this process are what are often called communication skills. Talking, listening, observing people in the process of exchanging information and/or ideas are basic tools in communicating. We know that what we say (communicate) effects what happens. And, similarly, for foster children, what they communicate, verbally or non-verbally, is all communication. So, with Jack, we might consider issues of how each person is communicating: How Jack communicates and how the foster parents communicate in return, for example.

This first lecturette reviews some of the basic concepts and principles of parenting from which to be able to move to the more challenging and complex parenting situations in this manual.

FOSTERING FAMILIES

Dunbar Foster Home

Exercise #1

Current Overview

The Dunbar foster family has been involved with Seat County's foster care program almost 10 years now. Margaret and Larry Dunbar are both 48 years old. Working just minutes from their home, Larry Dunbar works as a design engineer. The Dunbar's have adopted two children -- Jan, 15 and Alex, 20. Jan is a sophomore at Billings High; Alex is in engineering at Colorado State University, living on campus.

The foster child in the Dunbar home at this time is Jack Perry. He is 11 years old. He has been at the Dunbar's home close to a year. Jack settled into the Dunbar home easily in the late summer. When Jack came, Margaret Dunbar had arranged for Jack to play on the soccer team that first fall. Jack knew little about soccer, and he just didn't go more than 2 or 3 times.

When he began school last year, problems emerged both at home and school. School testing uncovered learning disabilities for Jack, and he was placed in a special education class. Jack complained immediately that he didn't like the teacher or the children. There is one boy in the neighborhood that Jack plays with occasionally.

When Jack is at home, he is not around the family much. He stays in his room, listening to a radio mostly. He keeps his room orderly. He washes his own clothes.

Early on in the relationship-building stage, Larry spent Saturday afternoons with Jack. They would either go out and do something or work around the yard or house. Jack began to make excuses to not go out with Larry. Larry decided to be available by staying home on the weekends, doing small jobs around the house.

The Dunbar's are concerned about Jack. Lately, he seems to lie more frequently. He lies about after-school whereabouts and has stolen small change from the kitchen drawer. They have been unable to understand what they can do. Talking to Jack has not changed things.

FOSTERING FAMILIES

Dunbar Foster Family
Exercise #1 - Continued

Placement Background

Jack Perry, 11 years old, was first placed in foster care at 2 years old. His mother had a severe bout with cancer. Mr. Perry was emotionally unable to cope with both Jack and his wife's needs. He called the Department of Social Services and asked for a 1 - 2 month placement. Jack was actually in placement for 6 months.

Mrs. Perry did get well enough to care for Jack until he was 7. At that time, she became ill again. After a full year of medical care, Mrs. Perry again took the responsibilities of home and parenting, though she was permanently disabled, using a wheelchair to get around. She was quite despondent during this period. She died almost a year later of an infection in her lungs.

Little is now known about Jack's first foster parent experience. No problems are noted in the county records, yet no case notes are available either.

When Jack was replaced in foster care at the age of 7, he was withdrawn, unwilling to play with other children, and shy.

At 9, Jack was returned to his mother and father for almost 18 months. Shortly after the death of his mother, Jack was placed with the Dunbar family where he has lived ever since.

Jack's father visits approximately once a month. He is basically unable to accept the role of single-parent father and has told Social Services that he voluntarily will sustain this foster care placement until he remarries. Jack and his father seem to get along well enough. The Dunbar's have said to the county caseworker that they "are like two peas in a pod" - both quiet with a deep sense of personal inadequacy." Mr. Perry does have a girlfriend, although he has said nothing about getting remarried.

FOSTERING FAMILIES

Dunbar Foster Family

Exercise #1 - Continued

INSTRUCTIONS FOR GROUP OR INDIVIDUAL EXERCISE

In small groups of 4-6 people, discuss this foster family situation. Here are some questions to assist this discussion:

1. Is this situation familiar to any members of the group?

2. What might be some of the feelings that the Dunbar's are experiencing as they work to understand and help Jack?

3. How typical is Jack to other 11 year old boys? What seems different?

After some time in beginning discussion, consider more specifically some issues around the Dunbar's parenting process.

1. Assume that the Dunbar's are frustrated because they do not seem to be able to "connect" with Jack. What might they do to address their frustration?

2. What might be some of the underlying problems that make it difficult for Jack to mature as other children?

3. Assuming that your group has identified some emotional and social problems which affect Jack's maturing process, identify possible ways the Dunbar's can help Jack.

4. Besides the Dunbars, what other resources might be available to facilitate growth for Jack? How might other systems such as the school be approached to help in this situation?

5. In order to help other foster parents, are there some general parenting principles that can be identified from studying this situation?

FOSTERING FAMILIES

PARENTING ABUSED CHILDREN

LECTURETTE #2

Many children who enter the foster care system have been abused. That abuse may have been physical including sexual, emotional and psychological, and/or neglectful including environmentally negligent. The following discussion is not written as an introduction on child abuse and neglect, rather, this lecturette addresses specific parenting issues that have been identified by Patricia Ryan (1979) and others.

The second exercise in this workbook introduces Amy as a foster child who has been physically abused more than once. From this case illustration we learn that Amy, like most battered and abused children will be affected by this experience for quite some time. Abused children often sustain emotional, social and even physical trauma into their adult years. We also recognize that abused children often abuse their children: a cycle of violence has been identified (Walker, 1972).

Some important concepts for caseworkers and foster parents when fostering abused children include:

*Be aware of the possible long term effects of abuse

*Recognize the likelihood for periodic, regular involvement by medical, psychological, and social work professionals

*Adults involved with the abused child must develop safe environments and communicate this safety to the child

*Building trust with the abused child is very important and ways must be developed so that the child can begin to experience trust, and move to further developmental tasks necessary for development

*Recognize the abused child's identification with and loyalty to their birth parents and understand that most abusing parents were abused children themselves, thus they are victims as well

*Be extremely careful that the parenting style offered to the child is gentle and caring, recognizing that abused children often set up their abused patterns in the foster home

*Help abused children to recognize their abusiveness or otherwise destructive patterns so that they can begin to move out of the patterns that were so destructive to them

*Abused children generally have poor self-images; they need great amounts of love and support, and, positively (reflected) experiences to even begin to feel any kind of self-worth

One might sum up one of the important ideas of healthy family functioning when a foster child has a history of abuse as follows: Recognize that your emotional "garbage" is ripe for children who have lived in abuse situations--situations nurtured in "garbage."

We might further this discussion by talking for a few moments about the fact that abuse occurs throughout society and that includes child-caring institutions. Foster parents themselves have been guilty of abusing foster children--sexually and otherwise. It is also true that foster parents have experienced a sharp rise in allegations of abuse in their homes. This is not surprising since so many of these children have been abused and may provoke certain aggressive actions in these parents, or, they make these allegations in hopes of changing their situation.

Recently, the notion of defensive parenting has emerged in response to this rise in abuse allegations in fostering. What this means is that foster parents should know that an accusation of physical or sexual abuse from children in foster care is not a rare event and foster parents should therefore "defend" or protect themselves. There are a variety of ways to minimize the risks. Here are some recommendations:

*Shift your foster parenting perspective from being a parent to being an advocate for the foster child--an advocate seeks to solve problems, look for the best resources, and "represent" the foster child to the community resources such as public and private agencies, medical systems, etc.

*If a child has a history of abuse, make sure you know the details around that abuse so that you do not unwittingly set up similar situations in your home. Have the worker tell you about the child's home background, the family rules about hitting, affection, nudity, privacy, bathing, etc.

*Keep records. Keep a journal on every child in the foster home. Record good and bad events. Describe fights (with adults, sibs, or peers), frustrations, and successful problem-resolutions that the child experiences. Every week, send those journal records to the caseworker for the child's file and also to keep the worker informed.

*If problem behaviors exist that parenting strategies have not minimized or alleviated, request a conference with the caseworker and other regularly involved professionals. If the birth parents are actively involved in reunification processes, then the worker should be keeping the parents informed of their child's problems.

Parenting and defensively parenting abused children requires that foster parents think through their feelings about abusing families. Foster children must be made to feel okay and that "okayness" is communicated only with compassion for the child **and** the abusing parents. If foster parents have parenting styles that involve punishment, meaning, using painful methods to bring about a change in behavior, then they are probably better off not working with abused children.

These children need safe, non-painful environments. And, if foster parents themselves experienced abuse in their growing up, then, they must do the work necessary so that they can allow the foster child to recover from their experience separate from the abused parent's experience.

Though much more could be said about the abused and battered child and the general societal issues surrounding abusing families, this discussion addressed some basic issues around parenting abused children who are in foster care. Caseworkers and foster parents must work together to address the multiple needs of the abused child in placement.

FOSTERING FAMILIES

Ade Foster Family

Exercise #2

BACKGROUND INFORMATION

Foster Child: Amy Cap
Age: 6 years old — Birthday: 1/25/85
Parents: a) Kathy Cap — Age: 20
Address: 1234 Apple Street — Birthday: 12/20/71
Woods, CO 45454
b) Jack Cap, deceased in military accident (1987) — Age: N/A
Birthday: 6/1/71

Initial Foster Care Placement Date: 12/23/87

Pre-placement Activities: Emergency placement (none)

Reason for Placement: Telephone call on 12/23/87 from county sheriff. Neighbor had reported infant crying. Social worker met sheriff at home - immediately removed child because of swollen legs. Child taken to hospital - both legs were broken.

PLACEMENT HISTORY

Amy was placed in the Baxter home for two weeks after her release from the hospital. After that, she was placed with the Ades. Amy was in leg braces and received medical care for the next year. Mrs. Cap was responsive to Social Services and followed through on her treatment plan adequately. She took an eight week parenting course, received group therapy and made most of her scheduled visits with Amy.

In June of 1989, Amy went home after having had several weekend stays at her mother's home. She seemed pleased to be able to live with her mother again. Caseworker services were sustained after Amy's return home. A county volunteer had monthly home-visit contact with Mrs. Cap and Amy. The Ades also saw Amy and Mrs. Cap several times.

On Christmas Day, 1989, the Ades visited Amy & Mrs. Cap. They found Amy by herself. Later, the sheriff notified the county that Mrs. Cap was found dead in a wooded area outside of town. Amy was returned to the Ade home, and they requested adoption.

FOSTERING FAMILIES

Ade Family

Exercise #2 - Continued

FOSTER FAMILY BACKGROUND

Foster Parents: Ken & Sally Ade
Address: 555 East First Street
Phone: 484-0990

Ken Ade : Age 23 Birthday: 6/5/68
Employment: Wal-Mart (sales) Years: 2

Sally Ade : Age 22 Birthday: 3/6/69
Employment: Housewife / Parent

Birth Children: Candy Age: 2
Sam Age: 6 mos

SUMMARY OF FAMILY

The Ade's have 2 small children. Both are in good health. Mr. & Mrs. Ade grew up in this community and have family and friends close by. They were high school "sweethearts" and remain so presently. Mr. Ade is an active parent according to his wife; Mrs. Ade manages the home and children with much care and love.

Their interest in foster care began with Amy, the daughter of Ken's buddy, Jack, who died in a military accident. Ken and Sally knew Kathy, though not well since Jack had left for active duty shortly after Amy's birth.

CURRENT INFORMATION

Amy has been in the Ade home for almost 4 months. The Ade's had Amy re-examined by the hospital doctor after her replacement in their home because they thought Amy might have sustained some physical abuse from her mother before her unfortunate death. A medical team examined Amy and concluded that she had sustained physical abuse prior to her mother's death (within the last month). There were no broken bones or internal injuries though bruises were found on her upper arms and neck.

Amy returned to their home uncomfortable receiving physical contacts - hugs, closeness when dressing, even touches by the birth children. Amy would scold the baby (Sam) almost continually or one of the dolls she would find in the play area.

Amy's return has not been like her initial year with the Ade's. Amy cries whenever Sally makes the slightest corrective statement. Amy hides in her bed, and she also has wandered several blocks away. A neighbor has brought her home each time.

Sally had decided not to put Amy in kindergarten when she returned to their home. She had conferred with social services in this regard, and there was agreement that Amy needed lots of close contact with Sally and Ken. Unlike before, Amy did not stay as close to Sally or Ken. They are concerned.

Sally has wondered what she can do to help Amy. She and Ken have poured over parenting books for suggestions.

FOSTERING FAMILIES

Ade Family

Exercise #2 - Continued

INSTRUCTIONS FOR GROUP OR INDIVIDUAL EXERCISE

In small groups of 4-6 people, discuss this foster family situation. Here are some questions to help out in this discussion:

1. Is this situation familiar to any members of the group?

2. What might be some of the feelings that the Ade's are experiencing as they work at understanding and helping Amy?

3. How typical is Amy to other 6 year old girls? What seems different?

After some time in beginning discussion, consider more specifically some issues around the Ade's parenting process.

1. Assume that the Ade's are frustrated because they do not seem to be able to "connect" with Amy. What might they do to address their frustration?

2. What might be some of the underlying problems that make it difficult for Amy?

3. Assuming that your group has identified some emotional and social problems, emerging in part from being a victim of child abuse, identify possible ways that the Ade's can help her.

4. Besides the Ade's, what other resources might be available to help them? How might other systems be approached to help in this situation?

5. In order to help other foster parents, are there some general parenting principles that can be identified from studying this situation?

FOSTERING FAMILIES

PARENTING MULTIPLY CHALLENGED YOUTH

LECTURETTE #3

Boston Cox, the foster child depicted in Exercise #3 offers many opportunities to think about the challenges of fostering children who have multiple handicaps. The physical handicaps Boston has are apparently not as pressing as the issues around Webster's future, his self-worth, his societal-worth, and the issues around how to decide what to do so Boston can move to the most "normal" adult life possibly.

So, issues of emancipation are woven in with issues of self-worth, which are typical issues in adolescence. Over the last decade, emancipation programs emerged throughout the United States to address the needs of older adolescents who will not be returning to their homes upon reaching adulthood. Rather these adolescents need to gain the skills and knowledge necessary to function in society.

Concepts of normalizing disabled adults were introduced in the seventies and over the last 20 years. Many programs and organizations exist that have taken up the process of creating "shared involvement" for supporting disabled persons. This means that organizations are asked to work cooperatively in ways that allow a disabled person the most self-determination and freedom possible and to also be involved in meeting the needs/wants the disabled person can not solely meet. Normalizing for disabled adults means living independently of parents. This might mean living with roommates or sharing a house or apartment, while working at life-long adult tasks.

Boston also represents the foster child who has lived his entire life in foster care. He has parents who care and yet are not able to parent him. Boston has had only two foster homes which has given him less disruptions than some foster children experience. With the federal guidelines mandating permanency, it is hard to know whether children similar to Boston will still experience this long-term foster care situation. Yet, disabled children may end up in long-term fostering situations in part because their disabilities make parenting more difficult.

So, the two foci for this lecturette and this third exercise are 1) the process of youth emancipation from foster care and 2) the process of creating networks and supports so disabled young adults can successfully move out of foster care like other children. Let's say a few more things about each of these areas.

First, we can recognize that letting go of "our" young people is not easy. In some cases, it feels impossible. Yet, letting go of the parenting role is exactly what parents must do at this point. As young people move to adulthood, they need more support and fewer directives. Parents need to move to broader adult roles; parents need to find activities and friends who respond to their needs, rather than encourage young people to meet those needs.

One important aspect for helping challenged youth grow is to provide them opportunities for growth. Some would say we should provide "dignified risks" so that we are moving our children along, not holding them back. Young people approaching adulthood are willing to risk making the mistakes that help their learning -- provided they get support and non-judgmental help from the person "picking them up" after they fall. Parents may spent many years preparing their children for adulthood. Yet, foster parents may have less time than other parents to devote to the task.

We know, too, that many adolescent children are placed in group home situations. These young people move toward emancipation from that environment. There are laundry lists of skills to help young people in their process of emancipating. Many of these we know: Checkbooks, cars and car insurance, renting apartments, preparing for job interviews, and holding a job are just a few of the things taught to young people in emancipation programs. Foster parents must locate these kinds of programs for their adolescent foster children if they need this kind of preparation.

Using an array of resources is not unusual for families with challenged children. The transition that must be made is that as parents have served as an advocate for their child in earlier periods, the parents must let go of this process, too. Let go of the process of getting things for their child, making the calls, and getting the answer(s) first, so they buffer disappointments and apparent rejections.

Living as normally as possible actually means accepting the "hard-knocks" with the "strokes." It is often important to begin quite early having disabled children learn to identify their needs and take the steps needed to meet those needs. Over-enabling people (parents included) who support persons with handicapping conditions is itself handicapping. So, as a person like Boston moves to adolescence, s/he must move through all the joys and trials of adolescence with a basic set of tools!

This last exercise in the module, like the two before, offer training participants an opportunity to consider the more challenging stances foster parents accept. There is not one set of answers that emerge when examining these case situations. What is important in the parenting process is to recognize the challenges presented, identify what those challenges do to us personally, and consider who we can share the problem-resolution with to get a broad array of services or other resources.

FOSTERING FAMILIES

Boston Cox

Exercise #3

BACKGROUND INFORMATION

Boston Cox, a 16 year old, is a multiple challenging child. He has permanent brain damage due to brain deformities at birth. From early surgery, Boston was left paralyzed in his left arm with partial loss of his brain functioning.

Through his growing years, Boston has had secondary complications due to this early medical history. He has experienced grand mal seizures (with medication to prevent recurrences), and his ability to learn left-brain tasks is limited.

PLACEMENT HISTORY: Boston is the birth son of Jenny and George Krain. The Krains are both mentally disabled and have been unable to care for Boston since birth.

After the extensive medical care Boston received at birth, (then 2 months old) he was placed in the foster home of Dr. Ito and Mrs. Grace Ming. The Ming's had three children at the time of placement (Carol, 8; Sue, 13; and Ed, 16). For six years, Boston was raised in the Ming home. He had on-going medical support from the University hospital.

When Jenny & George would not agree to relinquish Boston, so he could be adopted, the Department of Social Services negotiated a long-term foster care home placement. The Webster home was selected, primarily because the Webster's were black, as is Boston. The Webster's were initially a foster-adopt applicant but were convinced that this placement would be permanent and that they would be very important in Boston's life. The Webster's were also comfortable with Boston's parents and the connection that would be maintained through periodic home visitation.

Boston has been in the Webster home for 10 years. He has been a challenge for the Websters. The physical problems have not been too difficult; rather, Boston has challenged their patience with his large mood swings and his low self-esteem.

As Boston approaches adulthood, the Webster's are unsure how Boston can succeed in the adult world. They know they should not harbor him at home forever.

BOSTON COX

Exercise #3 - Continued

INSTRUCTIONS FOR GROUP OR INDIVIDUAL EXERCISE

In small groups of 4-6 people, discuss this foster family situation. Here are some questions to help out in this discussion:

1. Is this situation familiar to any members of the group?

2. What might be some of the feelings that the Webster's are experiencing as they work at understanding and helping Boston?

3. How typical is Boston to other 16 year old boys? What is different?

After some discussion, consider more specific issues around the Dunbar's parenting process.

1. Assume that the Webster's are frustrated because they do not seem to "have the answers" for Boston. What might they do to address their frustration?

2. What might be some of the underlying problems that make it difficult for Boston to "be like" other teens?

3. Assuming that your group has identified some emotional and social problems which affect Boston's maturing process, identify possible ways that the Webster's can help Boston.

4. Besides the Webster's what other resources are important to facilitate long term resolution for Boston? How might other systems be approached to help in this situation?

5. In order to help other foster parents, are there some general parenting principles that can be identified from studying this situation?

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW _ _ _-_ _ _

Name: _____ Soc. Sec. #: _____

Address: _____ Phone: _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

PARENTING THE CHALLENGING CHILD

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

	Not Well Addressed				Very Well Addressed
1. Participants will explore three specific foster care cases to gain a stronger understanding of the uncertainty in parenting.....	1	2	3	4	5
2. Through group problem-solving, participants will consider a range of options for parenting challenging children.....	1	2	3	4	5
3. Participants will explore the use of complex resource arrangements in order to meet the multiple needs of challenging children.....	1	2	3	4	5
4. Through a particular foster care case, participants will explore the problems of parenting abused children and begin to identify some basic principles toward helping in this challenging parenting situation.....	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training..... (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual.....	1	2	3	4	5
3. Participant responsiveness.....	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns.....	1	2	3	4	5
5. Your interest in the training session.....	1	2	3	4	5
6. Your comprehension of the material presented.....	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter.....	1	2	3	4	5
2. Preparation.....	1	2	3	4	5
3. Ability to communicate.....	1	2	3	4	5
4. Style of presentation.....	1	2	3	4	5
5. Enthusiasm/interest in subject matter.....	1	2	3	4	5
6. Overall performance.....	1	2	3	4	5
7. Ability to facilitate.....	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation.	1	2	3	4	5

COMMENTS: Please be specific:_____

_____

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #__ __ __ __

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # __ __ __ __

2. Circle correct role: 1. worker 2. foster parent
   3. Other_____(please specify)

3. Date __ __ - __ __ - __ __

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
   1. Hispanic
   2. Black, not of Hispanic origin
   3. Asian-American
   4. American Indian
   5. White, not of Hispanic origin
   6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:
    1. all under 5
    2. all under 10
    3. all under 15
    4. all under 18
    5. all over 18
    6. some under 18 & others over 18
    7. none

12. Highest level of formal education: (please circle one)

    1. some high school
    2. high school graduate
    3. some college
    4. college graduate
    5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?

    1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify)_____
    3. Both County Department of Social Services and Private.
    4. Indian/Tribal
    5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

    1. all under 5
    2. all under 10
    3. all under 15
    4. all under 18
    5. all over 18
    6. some under 18 & some over 18
    7. no children now
    8. not yet foster parents
    9. other_____

19. Is at least one parent in the home providing parenting and supervision?
    1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

    1. 0 - 24 mos.
    2. 1 - 6 years
    3. 0 - 12 years
    4. 0 - 18 years
    5. 0 - 21 years
    6. short term/emergency

.....

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify) _____
    3. Indian/Tribal
    4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

    1. Caseworker I
    2. Caseworker II
    3. Caseworker III
    4. Supervisor I
    5. Supervisor II
    6. Foster Case Trainer
    7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years